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POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

Thereby appoint: Practitioners associated with the Customer Number: 25537 Practitioners associated with the Customer Number: 25537 Practitioners associated with the Customer Number: Registration Number Name Registration Number Number	I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).						
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used): Name							
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used): Name	XX Prac	ctitioners assoc	ciated with the Customer Number:	25537	7		
Assignee Name and Address: Clay Country Telephone Assignee Name and Address: VERIZON LABORATORIES INC. 40 SYLVAN ROAD WALTHAM, MASSACHUSETTS 02451-1128 A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. Signature // Eden U.I. Stright/ Name Eden U.I. Stright/ Telephone 703.351.3586 Title Assistant Secretary							
as attomey(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b). Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: XX	Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):						
any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b). Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:		Name			Name		
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The address associated with Customer Number: 25537	any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents						
OR Firm or Individual Name Address	Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:						
Address City State Zip Country Telephone Email Assignee Name and Address: VERIZON LABORATORIES INC. 40 SYLVAN ROAD WALTHAM, MASSACHUSETTS 02451-1128 A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee Signature /Eden U.I. Stright/ Date 07-12-2007 Name Eden U.I. Stright Telephone 703.351.3586							
Assignee Name and Address: VERIZON LABORATORIES INC. 40 SYLVAN ROAD WALTHAM, MASSACHUSETTS 02451-1128 A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee Signature /Eden U.I. Stright/ Date 07-12-2007 Name Eden U.I. Stright Telephone 703.351.3586							
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Name Eden U.I. Stright Telephone 703.351.3586 Title Assistant Secretary	tarian di t						
Title Assistant Secretary	Signature /Eden U.I. Stright/			Date	07-12-2007		
1 · · · · · · · · · · · · · · · · · · ·	Name	Eden U.I.	Stright		Teleph	none 703.351.3586	
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This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed one form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**